

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 042 ****61.25

DOCUMENT # N96000005590					
1. Entity Name PEARL LAKE VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2973 W STATE ROAD 434 #400 LONGWOOD, FL 32779			Mailing Address 2973 W STATE ROAD 434 #400 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 450 Opal Court <small>Suite, Apt. #, etc.</small>		3. Mailing Address 450 Opal Court <small>Suite, Apt. #, etc.</small>			
City & State Altamonte Springs, FL <small>Zip</small> 32714 <small>Country</small> USA		City & State Altamonte Springs, FL <small>Zip</small> 32714 <small>Country</small> USA		4. FEI Number 59-3411196	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent MELAMED, ELI 2973 W STATE ROAD 434 #400 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name <u>Traci B. Conway</u> Street Address (P.O. Box Number is Not Acceptable) 450 Opal Court City <u>Altamonte Springs</u> <u>FL</u> <small>Zip Code</small> <u>32714</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Traci B. Conway, President</u> DATE <u>07-17-07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MELAMED, ELI 2973 W STATE ROAD 434 #400 LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D. Traci B. Conway 450 Opal Court Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELAMED, UDI 443 OPAL CT ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jeffrey T. Conway 450 Opal Court Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Connie R. Nejedly 452 Opal Court Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Traci B. Conway, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>07-17-07</u>		DAYTIME PHONE # <u>(407) 869-0056</u>	

Traci B. Conway, President